

... e.-In case of more than one child, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 130  
Registered No. 121

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Gila County Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Allen Dale Grabe  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.  
4. Twin, triplet or other \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_  
6. Legitimate? yes  
7. Date of birth July 8, 1928  
Month Day Year

8. FATHER  
Full name Richard Allen Grabe

9. Residence (Usual place of abode) Globe  
If non-resident, give place and state. Arizona

10. Color or race White  
11. Age at last birthday 37 (Years)

12. Birthplace (city or place) Silver City  
(State or country) New Mexico

13. Occupation Lumber dealer  
Nature of Industry

14. MOTHER  
Full maiden name Christabelle Schultz

15. Residence (Usual place of abode) Globe  
If non-resident, give place and state. Arizona

16. Color or race White  
17. Age at last birthday 36 (Years)

18. Birthplace (city or place) St. Thomas  
(State or country) Ary

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 8:20 A. M. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature W. H. Thomas  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Box 636 Globe Arizona

Month, day, year

Filed 8/4 1928 H. E. Leighton Registrar

Registrar

175-708-329